

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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BY:

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: October 3, 2017 Case Number: 18-26

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Reed Ishak DVM

Premise Name: St. Mark Animal Hospital

Premise Address: 1150 East Florence Blvd Suite 1

City: Casa Grande State: AZ Zip Code: 85222

Telephone: 520-421-1970

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Anne Cungiaho

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

New Tel #

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Lexi
Breed/Species: Border Terrier - Canine
Age: 9 1/2 Sex: F Color: grizzle

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Reed Ishak
St. Mark Animal Hospital
1150 East Florence Blvd Suite 1
Casa Grande AZ 85222
520-421-1970

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Kathryn Seelye
[REDACTED]
[REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Anne Carnegie

Date: 8-29-17

F. ALLEGATIONS and/or CONCERNS:

*Please provide all information that you feel is relevant to the complaint.
This portion must be either typewritten or clearly printed in ink.*

Dear Mr. Loughead and Members of the Board,

We are writing to you today to make you aware of some concerns we have regarding a Veterinarian who practices in Casa Grande.

On Friday, August 18, 2017 Lexi had not consumed any food or water and that is not like her. I was able to take her to St. Marks Animal Hospital that afternoon and met with Dr. Reed Ishak, DVM. He suggested to keep the dog overnight. My daughter called the Dr. on Saturday in the morning to find out what was going on. The Dr. told her that I could go there when he called me in the afternoon and to bring food; if she will eat, she can go home. His office called about 2:00 and I went right there. The Technician brought Lexi to me wrapped in a towel, then placed on the table. She was so doped up that she couldn't even pick up her head or even appear to recognize me. How could she be fed? So the clinic kept her.

On Monday, the 21st, I took a friend with me and told the Receptionist that I was taking Lexi home. When they brought Lexi to me, again she was so drugged to walk. I took my dog.

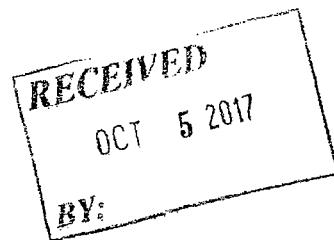
Please take the time to review my invoice checking for frequency of medications, the types used and any tests and procedures given that may have been unnecessary.

We question his knowledge of pharmaceuticals, integrity and his competency as a Veterinarian.

Thank you for your time and I look forward to your response.

Anne Cangiano

Anne Cangiano



St. Mark Animal Hospital
1150 East Florence Boulevard, Suite 1
Casa Grande, Arizona 85222
(520) 421-1970

October 25, 2017

**SENT VIA U.S. MAIL AND
E-MAIL TO
TRACY.RIENDEAU@VETBOARD.AZ.GOV**

Tracy Reindeau
Arizona State Veterinary Medical Examining Board
9535 East Doubletree Ranch Road, Suite 100
Scottsdale, Arizona 85258
Tracy.Riendeau@vetboard.az.gov

In Re: Reed Ishak, D.V.M., Cause No. 18-26

Lexi, a nine (9) year old spayed female Border Terrier, presented to St. Mark Animal Hospital on Friday afternoon, August 18, 2017. Lexi's owner, Anne Cangiano, indicated that Lexi had been ignoring her food and water for two (2) days, and was exhibiting signs of lethargy, abdominal pain, and inactivity. Ms. Cangiano informed me that Lexi had a positive history for seizure-like activities.

I conducted a physical examination on Lexi, and noted that she had discomfort in her back, her abdomen was painful to the touch, and that she was excessively panting during my physical examination. I recommended several in-house diagnostic tests to assist in determining the cause of Lexi's symptoms. I suggested X-rays of the abdomen and spine, and an in-house blood panel. The owner was provided with an estimate, all of her questions were answered in depth, and she approved the initial diagnostic testing recommended.

While I was reviewing the recommended initial diagnostic testing with the owner, Lexi vomited bile/phlegm, which was cleaned up and reported to the owner. The X-rays showed evidence of chronic degenerative changes in multiple areas of the spine, and disc narrowing was observed in the thoracic and lumbar regions. Lexi's blood revealed an abnormal cPL range. A copy of the blood panel, and diagnostic tests are submitted with the medical records contained with this response. Based on the aforementioned information, my initial diagnosis was possible pancreatitis due to dog's reported symptoms and the initial diagnostic findings.

I informed Ms. Cangiano of my initial diagnosis, and recommended a referral to a specialist in Phoenix or Tucson for pancreatitis and a more detailed work-up of Lexi's degenerative disc

disease. Ms. Cangiano declined due to the driving distance required to see the recommended specialist(s). After the owner declined a referral, I suggested that we send out Lexi's blood work to IDEXX for a more detailed blood panel review, and recommended that we seek a second opinion from a radiologist for the ultrasound and radiographs taken in-house. I recommended 24-hour hospitalization, with IV support, AB, gastroprotectant, antiemetic and hydromorphone for abdomen and spinal pain. I explained that St. Mark Animal Hospital does not have staff on site after hours, and that an emergency facility is available in the Phoenix and Tucson areas when they can monitor Lexi 24/7. The owner indicated that she understood, did not want to seek treatment from an emergency facility, and agreed to proceed with my proposed treatment plan. An estimate was prepared, and reviewed and approved by Ms. Cangiano. I informed Ms. Cangiano that, at this point, Lexi's prognosis was guarded.

Lexi was provided IV support overnight on Friday, August 18, 2017. Although Lexi showed little interest in her food and water, she appeared to be relaxing. Her abdomen, however, had abnormal tension and was painful to the touch. Given Lexi's reported history of seizure-like activity, I wanted to rule out Addison's disease. The next morning, I conducted a glucose test, which was within normal limits. Lexi's abdomen was less tender than observed on Friday afternoon.

Ms. Cangiano's daughter, a veterinary technician, called Saturday morning to discuss Lexi's diagnosis. I reviewed my initial findings with her and went over the case. I recommended an ACTH test, which the daughter approved on behalf of her mother. Ms. Cangiano's daughter informed me that her mother would visit Lexi later that afternoon, and would pay for the ACTH test and discuss Lexi's case at that time. I reviewed the additional diagnostic testing and confirmed my initial diagnosis of pancreatitis.

Ms. Cangiano visited Lexi on Saturday afternoon. We discussed my diagnosis. I recommended a referral to an emergency facility, and explained that we did not have staff on the property on Saturday evenings, or full-time on Sunday. St. Mark Animal Hospital does conduct check-ups at 8 a.m. and 8 p.m. on Sundays, and will return or stay at the facility if we observe a change in a patient's condition that requires additional observation or immediate medical attention. After we discussed St. Mark weekend staffing protocols, Ms. Cangiano approved an extension in Lexi's hospital stay through the weekend.

On Saturday afternoon, August 19, 2017, we received the ultrasound report from the specialist, who confirmed a mildly enlarged pancreas and degenerative changes in the kidneys. Lexi was switched from Baytril to penicillin. Lexi's condition continued to improve from Friday, and when she was observed Sunday morning and Sunday evening. Lexi slowly started showing interest in food and water by Sunday morning, and ate a significant portion of her food when observed Sunday evening. I received some additional lab results on Sunday night, and tried to follow up with IDEXX to discuss them. IDEXX was closed for the weekend.

On Monday morning, August 21, 2017, Lexi's condition continued to improve, and she was much more active and drinking and eating normally. I spoke with IDEXX about Lexi's case and they explained that it was not uncommon to get conflicted Cpl reference lab value and cPL snap test results. I explained that Lexi's symptoms and initial lab results indicated pancreatitis, and noted that Lexi had a positive response to my treatment plan. IDEXX concurred with my diagnosis and continued treatment plan. IDEXX indicated, that in its opinion, that a Vitamin D panel, which was previously ordered, was unnecessary. I agreed given Lexi's continued improvement and cancelled the Vitamin D test.

Ms. Cangiano returned to St. Mark Animal Hospital on Monday, August 21. I reviewed Lexi's case with her in detail, and explained that I would recommend that she follow-up with a specialist for more evaluation of intermittent GI issue and ataxia. At discharge, Lexi was alert, bright, and responsive.

My office followed-up with Ms. Cangiano the next day. Ms. Cangiano reported that Lexi was doing much better. We recommended that Lexi return to our facility or another facility within a week for a follow-up exam or sooner if her symptoms returned. It is my understanding that Lexi is currently doing well at home.

I am confident that all veterinary services provided to Lexi were performed professionally, and in compliance with the applicable standard of care. A copy of the Lexi's medical records, and copies of the diagnostic tests referenced above are enclosed herein. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 18-26 with no violations.

Respectfully submitted,

Refaat Ishak

Refaat Ishak, D.V.M.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Robert Kritsberg, D.V.M. - Chair

Donald Noah, D.V.M.

Adam Almaraz

Amrit Rai, D.V.M.

Tamara Murphy

STAFF PRESENT: Tracy A. Riendeau, CVT, Investigations
Sunita Krishna, Assistant Attorney General

RE: Case: 18-26

Complainant(s): Ann Cangiano

Respondent(s): Refaat Ishak, DVM (License: 4666)

SUMMARY:

Complaint Received at Board Office: 10/3/17

Committee Discussion: 12/12/17

Board IIR: 2/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow)

On August 18, 2017, "Lexi," a 9-year-old female Border Terrier was presented to Respondent with a history of not eating or drinking for 24 hours. Pancreatitis was suspected and the dog was hospitalized.

When Complainant visited the dog the following day, she was concerned that the dog was over-medicated as she could not lift her head. The dog remained hospitalized and Complainant picked up the dog on August 21, 2017.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared. Witness, Larry Sinclair, appeared.

Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Anne Cangiano
- Respondent(s) narrative/medical record: Refaat Ishak, DVM
- Witness(es) narrative: Kathryn Seelye – Complainant's daughter

PROPOSED 'FINDINGS of FACT':

1. On August 18, 2017, the dog was presented to Respondent due to not eating or drinking for 24 hours. Complainant thought the dog could have gotten into something, possibly a cough drop; the dog does eat table food along with her regular diet. She further reported that the dog had a history of inappetence and seizure like activity. Upon exam, the dog had a weight = 13.40 pounds, a temperature = 101.3 degrees, a heart rate = 135bpm and a respiration rate = 60rpm. Respondent noted the dog had discomfort with palpation of the spine at the lumbar region. The dog was 7% dehydrated and had a history of ataxia.
2. Respondent relayed to Complainant that he suspected pancreatitis and recommended in-house diagnostics including blood work and radiographs. The CPL snap test was abnormal, ALP = 17, Phos = 2.1. Radiographs revealed compressed disc space, calcified disc material and spondylosis in a variety of locations of the spine from T7 to L7. The dog had vomited prior to radiographs.
3. Respondent relayed his findings to Complainant and offered a referral to an emergency facility for better working of the spinal issue and treatment of the pancreatitis. Complainant declined. Respondent recommended hospitalization – IV fluids, anti-emetic, pain medication and antibiotics - abdominal ultrasound, having the radiographs reviewed by a radiologist and sending blood and urine to an outside lab for evaluation – Valley Fever, Tick Fever, thyroid, CBC and cardiopet screen. Complainant approved all recommendations.
4. The dog was hospitalized; an IV catheter was placed and Lactated Ringers Solution was started – 200mLs bolus then 25mL/hr. The following medications were administered:
 - a. Baytril 100mg/mL – 0.6mL IV;
 - b. Famotidine 10mg/mL 0.6mL SQ;
 - c. Cerenia 10mg/mL 0.6mL SQ;
 - d. Hydromorphone 2mg/mL 0.6mL SQ; and
 - e. Sucralfate 500mg PO.
5. That evening the dog received his medications and was still panting with abdominal tension.
6. On August 19, 2017, the dog's vitals were obtained, fluid line was twisted and changed, and food was offered – no interest. It was noted that the abdomen was less painful and tense. A glucose = 99mg/dl, and Respondent elected to add mirtazapine to stimulate the dog's appetite. Medications were administered:
 - a. Baytril 100mg/mL – 0.6mL IV;
 - b. Famotidine 10mg/mL 0.6mL SQ;
 - c. Cerenia 10mg/mL 0.6mL SQ;
 - d. Hydromorphone 2mg/mL 0.6mL SQ;
 - e. Sucralfate 500mg PO; and
 - f. Mirtazapine 15mg/tab – ¼ tablet PO.
7. Ms. Seelye, Complainant's daughter contacted Respondent to check on the dog. Respondent explained that his two main concerns were Addison's disease or gastric ulcer. He wanted to perform an ACTH stim test and an ultrasound. Respondent stated that Complainant

could visit the dog to see if the dog would eat for her.

8. Complainant visited the dog and was told that if she ate, she could be released to go home. When the dog was presented to her, she appeared overmedicated due to the fact she could not pick up her head or recognize Complainant. Complainant kept the dog hospitalized.

9. That day, the ACTH stim test was performed as well as the abdominal ultrasound which was sent to PetRays. That evening the dog was medicated – still no interest in food or water – and the Baytril was switched to penicillin 300,000u/mL – 0.6mL SQ. Respondent noted that the ultrasound report indicated that the dog had pancreatitis and degenerative changes in the kidneys. The abdomen palpated less painful.

10. On August 20, 2017, Respondent evaluated the dog and noted that she was less painful and brighter. She licked canned food offered but did not eat. Respondent decreased hydromorphone dose and the following was administered:

- a. Penicillin 300,000u/mL – 0.6mL SQ;
- b. Famotidine 10mg/mL 0.6mL SQ;
- c. Cerenia 10mg/mL 0.6mL SQ;
- d. Hydromorphone 2mg/mL 0.3mL SQ;
- e. Sucralfate 500mg PO; and
- f. Mirtazapine 15mg/tab – ¼ tablet PO.

11. That evening, the dog was interested in eating and ate 1/8 can of Recovery diet. Lab revealed a normal CPL result. Medications were administered.

12. On August 21, 2017, the dog had eaten and ate additional food given to him. She was doing well and could go home with the appetite stimulant and famotidine. Medications were administered:

- a. Penicillin 300,000u/mL – 0.6mL SQ;
- b. Famotidine 10mg/mL 0.6mL SQ;
- c. Cerenia 10mg/mL 0.6mL SQ;
- d. Hydromorphone 2mg/mL 0.3mL SQ;
- e. Sucralfate 500mg PO; and
- f. Mirtazapine 15mg/tab – ¼ tablet PO.

13. Respondent contacted the lab to discuss the normal CPL test versus the in-house abnormal CPL test. He was advised that it was not uncommon to get conflicting results. Additionally, the lab did not feel the Vitamin D test was necessary therefore it was cancelled. The Valley Fever and Tick Fever tests were negative and the T4 was normal.

14. Complainant returned to the premise that day and Respondent reviewed the dog's case with her. He recommended following up in a week for a recheck exam or sooner if symptoms return. According to Respondent, the dog was bright, alert and responsive at discharge. Mirtazapine and Famotidine were dispensed.

15. According to Complainant, when the dog was brought out to her to take home, she was too drugged to walk. She expressed concerns that the dog was overmedicated.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent performed unnecessary diagnostics, improperly used pain medication while hospitalized and did not send pain medications home with an animal that was suspected to be in pain.

The Committee discussed that diagnostic testing need to be medically justified. Diagnostics were performed/requested without any medical reasoning or sufficient knowledge. An ACTH test in this case was not medically necessary and appeared to be a revenue generator. Additionally, hydromorphone can be used for pain; however, based on the symptoms of the dog and the need for pain medication, a potent, short-acting pain medication was used to regulate pain, instead of a pain medication that would relieve the dog's pain consistently.

The Committee felt that the medical records did not match the dog's appearance. According to the records, it appears the dog was improved and walked out of the premise at the time of discharge. According to Complainant, the dog was too sedated to walk requiring the dog to be carried, which would be accurate since the dog had received a dose of hydromorphone shortly before discharge.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (22) Medical incompetence in the practice of veterinary medicine for:

- Performing diagnostics without medical justification indicating that Respondent lacked sufficient knowledge;
- Inappropriate use of hydromorphone for controlling pain – method of administration left large windows of pain present; and
- Pain medication was not dispensed at discharge.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division